

Foster Family Home - Deficiency Report

Provider ID: 1-160076

Home Name: Wilma Cervania, CNA

Review ID: 1-160076-10

91-541 Onelua Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 7/30/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:



53.(b)(15) visiting hours state limited. Per "My choice my way" visiting hours cannot be restricted.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) Medication discrepancy for client # 1 [REDACTED] medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred.


Compliance Manager

Primary Care Giver

8/2/21
Date
8/2/21
Date